

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL

FILING DATE

10/518038

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	6		1			
4	6		1			
5	6		1			
6	6		1			
7	6		1			
8	6		1			
9	6		1			
10	6		1			
11	6		1			
12	6		1			
13	6		1			
14	6		1			
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17	6		1			
18	6		1			
19	6		1			
20	6		1			
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23	6		1			
24	6		1			
25	6		1			
26	6		1			
27	6		1			
28	6		1			
29	1		1			
30	1		1			
31	1		2		1	
32	1		2		1	
33	1		1			
34	1		1			
35	1		2		1	
36	6		2		1	
37	6		1			
38	6		1			
39	6		1			
40	1		1			
41	6		1			
42	6		1			
43	1		1			
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	42		36			
TOTAL CLAIMS	46		40			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						